

AMENDED IN ASSEMBLY APRIL 1, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 1208

Introduced by Assembly Member Pan

February 22, 2013

An act to add Chapter 3.5 (commencing with Section 24300) to Division 20 of the Health and Safety Code, relating to medical homes.

LEGISLATIVE COUNSEL’S DIGEST

AB 1208, as amended, Pan. Medical homes.

Existing law provides for the licensure and regulation of clinics and health facilities by the State Department of Public Health. Existing law also provides for the registration, certification, and licensure of various health care professionals and sets forth the scope of practice for these professionals.

This bill would establish the Patient Centered Medical Home Act of 2013 and would define a “medical home” and a “patient centered medical home” for purposes of the act to refer to a health care delivery model in which a patient establishes an ongoing relationship with a licensed health care provider, as specified. The bill would specify that it does not change the scope of practice of health care providers.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Chapter 3.5 (commencing with Section 24300)
- 2 is added to Division 20 of the Health and Safety Code, to read:

1 CHAPTER 3.5. PATIENT CENTERED MEDICAL HOME ACT OF
2 2013
3

4 24300. This chapter shall be known, and may be cited, as the
5 Patient Centered Medical Home Act of 2013.

6 24301. (a) “Medical home” and “patient centered medical
7 home” mean a health care delivery model in which a patient
8 establishes an ongoing relationship with a personal primary care
9 physician or other licensed health care provider acting within the
10 scope of his or her practice. The personal provider works in a
11 physician-led practice team to provide comprehensive, accessible,
12 and continuous evidence-based primary and preventative care, and
13 to coordinate the patient’s health care needs across the health care
14 system in order to improve quality and health outcomes in a
15 cost-effective manner.

16 (b) A health care delivery model described in this section shall
17 stress a team approach to providing comprehensive health care
18 that fosters a partnership among the patient, the licensed health
19 care provider acting within his or her scope of practice, other health
20 care professionals, and, if appropriate, the patient’s family.

21 24302. Unless otherwise provided by statute, a medical home
22 shall include all of the following characteristics:

23 (a) Individual patients shall have an ongoing relationship with
24 a physician or other licensed health care provider acting within
25 his or her scope of practice, who is trained to provide first contact
26 and continuous and comprehensive care, or, if appropriate, provide
27 referrals to health care professionals that provide continuous and
28 comprehensive care.

29 (b) A provider-led team of individuals at the practice level
30 ~~collectively that take~~ *shall take collective* responsibility for the
31 ongoing health care of patients, including appropriately arranging
32 health care by other qualified health care professionals and making
33 appropriate referrals.

34 (c) Care shall be coordinated and integrated across all elements
35 of the complex health care system, including mental health and
36 substance use disorder care, and the patient’s community. Care
37 shall be facilitated by health information technology, such as
38 electronic medical records, electronic patient portals, health
39 information exchanges, and other means to ensure that patients

1 receive the indicated care when and where they need and want this
2 care in a culturally and linguistically appropriate manner.

3 *(d) The medical home payment structure shall be designed to*
4 *reward the provision of the right care in the right setting, and shall*
5 *discourage the delivery of too much or too little care. The payment*
6 *structure shall encourage appropriate management of complex*
7 *medical cases, increased access to care, the measurement of patient*
8 *outcomes, continuous improvement of care quality, and*
9 *comprehensive integration and coordination across all stages and*
10 *settings of a patient's care.*

11 ~~(d)~~
12 *(e) All of the following quality and safety components are shall*
13 *be incorporated into the medical home:*

14 (1) Advocacy for patients to support the attainment of optimal,
15 patient-centered outcomes that are defined by a care planning
16 process driven by a compassionate, robust partnership between
17 providers, the patient, and the patient's family.

18 (2) Evidence-based medicine and clinical decision support tools
19 guide decisionmaking.

20 (3) The licensed health care providers in the practice accept
21 accountability for continuous quality improvement through
22 voluntary engagement in performance measurement and
23 improvement.

24 (4) Active patient participation in decisionmaking. Feedback is
25 sought to ensure that the ~~patients'~~ *patient's* expectations are being
26 met.

27 (5) Information technology is utilized appropriately to support
28 optimal patient care, performance measurement, patient education,
29 and enhanced communication.

30 (6) Patients and families participate in quality improvement
31 activities at the practice level.

32 ~~(e) Enhanced patient~~

33 *(f) Patients shall be provided with enhanced access to health*
34 *care that meets the requirements of a nationally recognized,*
35 *independent, medical home accreditation agency.*

36 24303. Nothing in this chapter shall be construed to do any of
37 the following:

38 (a) Permit a medical home to engage in or otherwise aid and
39 abet in the unlicensed practice of medicine, either directly or
40 indirectly.

1 (b) Change the scope of practice of physicians and surgeons,
2 nurse practitioners, or other health care providers.

3 (c) Affect the ability of a nurse to operate under ~~standard~~
4 *standardized* procedures pursuant to Section 2725 of the Business
5 and Professions Code.

6 ~~(d) Apply to activities of managed care plans, or their~~
7 ~~contracting providers, or county alternative models of care, or their~~
8 ~~contracting providers, or local coverage expansion and enrollment~~
9 ~~demonstration projects, if those activities are part of demonstration~~
10 ~~projects developed pursuant to Section 14180 of the Welfare and~~
11 ~~Institutions Code.~~

12 *(d) Apply to a Low Income Health Program developed pursuant*
13 *to Part 3.6 (commencing with Section 15909) of Division 9 of the*
14 *Welfare and Institutions Code, including the program's provider*
15 *network and service delivery system, or to activities conducted as*
16 *part of a demonstration project developed pursuant to Section*
17 *14180 of the Welfare and Institutions Code.*

18 (e) Prevent or limit participation in activities authorized by
19 Sections 2703, 3024, and 3502 of the federal Patient Protection
20 and Affordable Care Act (Public Law 111-148), as amended by
21 the federal Health Care and Education Reconciliation Act of 2010
22 (Public Law 111-152), if the participation is consistent with state
23 law pertaining to scope of practice.